Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: 01 COMPLETED HAL018023 B, WING 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE AUSTIN ADULT CARE CONOVER, NC 28613 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) (C 000) Initial Comments {C 000} Report of a Follow-Up Construction Survey by Ed Miller July 16, 2015. The following deficiencies cited during the March 08, 2015, Biennial Construction Survey, have not been satisfactorily corrected and will require a new Plan of Correction. (C 111) Must Have Current San. & Fire Safety Reports {C 111} SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION( f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: WHI forville grangmite Sentution broads upen rest tellours Based on observation, the current sanitation report for the kitchen was not available at the time of the survey. Findings on July 16, 2015: The following reports were not available at the time of the survey: a) Sanitation report for the kitchen. (C 168) Housekeeping-Maintained Free of Hazards (C 166) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards: (e) This Rule shall apply to new and existing

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

OX8) DATE

Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: 01 COMPLETED HAL018023 B. WING 07/16/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 511 BUMGARNER INDUSTRIAL DRIVE AUSTIN ADULT CARE CONOVER, NC 28613 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRÉFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (XS) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) (C 166) Continued From page 1 (C 166) facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner because bedroom wall finishes have been removed and the walls left dirty and unfinished. This would effect all residents by exposing them to dirty and unfinished wall surfaces Findings on July 16, 2015: The cove base in all the bedrooms has been removed revealing an unfinished surface covered with dirt and old adhesive. (C 189) Building Equipment Maintained Safe, Operating (C 189) SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. MM EAVAC Duct Freable links This Rule is not met as evidenced by: Based on observation, some of the ceiling. HVAC vents were not maintained in an operational manner. This would effect all residents by not providing climate control in affected areas. Findings on July 16, 2015: The ceiling radiation dampers in the HVAC

ducts in the ceiling have activated in the following

Division	n of Health Service R	egulation			PRINTED: 07/27/2018 FORM APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT	PLE CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING: 01		(X3) DATE SURVEY COMPLETED
	HAL018023		B. WING_		R 07/16/2015
NAME OF PROVIDER OR SUPPLIER STREET AS		DORESS, CITY	, STATE, ZIP CODE	07/16/2015	
AUSTIN	ADULT CARE	511 BUM	IGARNER IN	IDUSTRIAL DRIVE	
(X4) ID	SUMMARY STAT	TEMENT OF PERCIOISMOISS	R, NC 2861		
PREFIX	REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE	
(C 189)	Continued From page 2		(C 189)		
	locations: a) Corridor (4), b) Corridor bathroom (1), c) Bedroom next to clean linen (1), d) Bedroom 11 (1), e) Bedroom across from clean linen (1), f) Dining Room (1), g) Kitchen (2),				
	Based on observ maintained in a safe the fire-resistance ra	Room (1), g) Kitchen (2), ration, the building was not manner by not maintaining ting of building components. residents by not containing proom or smoke			
	cioset.	itcheon missing in the mop		Will Righte executations will fire could cay you	- 8/21/16=
	c. There is a hole in the outlet in room 10,	he wall under the duplex			
1	comdor bath,	escutcheon missing in the	-	Kyrik hóle Vil kylace escáblan	5/340
, 11	<ul> <li>There is an unprote the corridor bath ce innunciator.</li> </ul>	cted penetration by conduit iling over the fire	ļ	Ere could practication	5/3/18
0	) There is an unprote onduit in the corridor anel.	ected penetration by ceiling over the fire alarm	4	Ere could princtation	n 8/31/15-
th.	hese unprotected op- onformance with the in prough penetration fire een tested in accorda	enings are not in requirement to use a stop system that has ince with ASTM E-814.			
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